

**POINTS OF CONTACT BETWEEN GAINING AND LOSING  
PAYROLL AND PERSONNEL OFFICE**

For use of this form, see AR 37-105; the proponent agency is USAFAC.

**TO:** *(Name and Address of Servicing Civilian Payroll Office)*

**Chief, Civilian Payroll**

*COMPLETE* INFORMATION REQUESTED BELOW AND RETURN TO: *(Gaining Payroll Office)*

**FINANCE AND ACCOUNTING DIVISION**

FINANCE OFFICER	OFFICE SYMBOL	TELEPHONE <i>(Include AUTOVON)</i>
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RECORD ADDRESS

**CIVILIAN PAYROLL SECTION**

CHIEF, CIVILIAN PAYROLL	OFFICE SYMBOL	TELEPHONE <i>(Include AUTOVON)</i>	
SUBMITTING OFFICE NO. <i>(SON)</i>	CURRENT PAY PERIOD ENDING DATE	DATE CHECKS ARE DATED	DATE CHECKS ARE MAILED

RECORD ADDRESS

**CIVILIAN PERSONNEL DIVISION**

CIVILIAN PERSONNEL OFFICER	OFFICE SYMBOL	TELEPHONE <i>(Include AUTOVON)</i>
SUBMITTING OFFICE NO. <i>(SON)</i>	CHIEF, TECHNICAL SERVICES	TELEPHONE <i>(Include AUTOVON)</i>

RECORD ADDRESS